



APPALACHIAN REGIONAL COMMISSION/
OAK RIDGE NATIONAL LABORATORY

2016 HIGH SCHOOL SUMMER MATH-SCIENCE-TECHNOLOGY INSTITUTE
July 9-22, 2016, Oak Ridge, Tennessee

PLEASE PRINT ALL INFORMATION USING BLACK OR DARK BLUE INK.
Applications must be received by NYSED on or before Tuesday, March 1, 2016

Name Last First FULL Middle Name Male Female
(or use NMN if no middle name)

Student Teacher U.S. Citizen* Yes No

Social Security Number Date of Birth* Month Day Year

*Note: U.S. Citizenship required to enter ORNL facilities.

School Name School County

*NOTE: All high school student applicants must be 16 years of age by July 9, 2016, to participate.

School Address Street City State Zip Code

School Telephone Number School Fax Number Area Code & Number

Home Address Street City State Zip Code

Home Telephone Number Applicant's Cell Phone Number Area Code & Number

Preferred E-Mail Address (please print clearly)

Alternate E-Mail Address (please print clearly)

T-shirt size (circle one): S M L XL XXL XXXL

PARENT OR GUARDIAN OF STUDENT APPLICANTS - PLEASE READ AND SIGN THE FOLLOWING:
has my permission to submit this application and, if selected, to participate in the Appalachian Regional Commission/Oak Ridge National Laboratory 2016 High School Summer Math-Science-Technology Institute, to be held from July 9 to July 22, 2016, at the Oak Ridge National Laboratory in Oak Ridge, Tennessee.
Printed Name of Parent/Guardian Signature of Parent/Guardian
Home Phone Number: Work Phone Number:
Parent/Guardian's Cell Phone Number: Date
Parent/Guardian's E-mail Address: (please print clearly)

Signature of Applicant Date

Student applicants: Please complete Page Two of this application and attach a letter of reference from a teacher, school counselor, or administrator.
Teacher applicants: Please complete Page Three of this application.

High School Student Applicants Complete This Page

Name _____
Last First FULL Middle Name
(or use NMN if no middle name)

Current School Grade _____

***Note: Planned attendance in a public school in a designated Appalachian county during school-year 2016-2017 required.**

Parent/Guardian 1 Name _____ Address _____
Street City, State Zip Code

Parent/Guardian 2 Name _____ Address _____
Street City, State Zip Code

Have you participated in a hands-on learning institute on a previous occasion? *
Yes No

***Note: Priority is given to applicants who have not previously participated in a math/science institute other than the ARC-ORNL middle school camp.**

If your answer to the above question is *yes*, please complete the following:

- Name of institute you attended: _____
- Where was the institute held? _____
- When did you attend? _____
- Name of organization sponsoring the institute: _____
- Were you nominated to attend? _____; By whom? _____
Yes No

List all math, science, and computer technology courses you will have completed by the end of the 2015–2016 school year: _____

Why are you applying to participate in the ARC/ORNL Summer Math-Science-Technology Institute? (Use a separate sheet, if necessary.)

Are you planning to attend college or other post-secondary school? _____
Yes No Not sure yet

Have you taken any of the college admissions tests yet (e.g., ACT, SAT, PSAT)? _____
Yes No

Have you worked in a team or group setting previously? _____
Yes No

Does your school have Internet access? _____
Yes No

Do you have Internet access at home? _____
Yes No

How do you think your participation in this institute will impact your classroom learning?

Please attach to Page One Applications must be received by NYSED on or before Tuesday, March 1, 2016
Student applicants must attach a letter of reference from a teacher, school counselor, or administrator.
All applications must be submitted through the state ARC program manager or designee.
For questions or further information, please visit <http://www.arc.gov/summerSTEM>.

Teacher Applicants Complete This Page

Name _____
Last First Full Middle Name
(or use NMN if no middle name)

School grade(s) you will teach in 2016–2017* _____

Subject(s) you will teach in 2016–2017* _____

***NOTE: Teacher participants must be scheduled to teach math, science, or technology in grades 9–12 in public schools in a designated Appalachian county during the 2016–2017 academic year.**

Other grades and subjects you have taught: _____

Highest Degree Earned _____ Major _____ College/University _____ Date _____

Can you commit to participating for the full two weeks, July 9–22, 2016? _____
Yes No

Have you participated in a similar institute previously? _____
Yes No

If your answer is *Yes*, please complete the following:

- Name of institute attended: _____
- Sponsor: _____ When? _____
- Was the institute one in which you were nominated to participate? _____
Yes No
- If you were nominated, who nominated you? _____
- Purpose of the institute: _____

Does your school have Internet access? _____
Yes No

Does your classroom have Internet access? _____
Yes No

What kinds of technology are you currently using to provide classroom instruction?

What do you hope to gain from attending this institute? _____

Have you participated in any team learning experiences previously? _____
Yes No

Do you have any previous research experience? _____
Yes No

If *yes*, please tell when, where, and how long: _____

Have you participated in a previous ARC/ORNL workshop?* _____
Yes No

If *yes*, please provide the details (use a separate sheet if necessary):

***Note: Applicants who have not previously participated will receive priority.**